PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999					Application or Docket Number				
CLAIMS AS EILED - PART I									
(Column 1) - (Column 2)					LL ENTITY	OR	OTHER	R THAN ENTITY	
FOR	NUMBER FILED	NUMBER		RAT	<u> </u>	7	RATE	FEE	
BASIC FEE				345.60	OR	28/80/2018	740 2 (3)		
TOTAL CLAIMS C) minus 20=		<u> </u>	X\$:		OR		٧. :		
INDEPENDENT CLAIMS	minus	minus 3 = *		X39)=	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT			+130		1				
* If the difference in column 1 is less than zero, enter "0" in column 2						OR	+260=	(2)	
CLAIMS AS AMENDED - PART II OTHER THAN								nere:	
(Column 1) (Column 2) (Column 3)				SMA	LL ENTITY	OR	SMALL		
REN	AIMS IAINING FTER NDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT			RATE	ADDI- TIONAL FEE	
Total • C	-\ Minus	· 1000	=/	X\$ 9	=	OR	X\$18=		
E independent	Minus Minus	SENDENT CLASS		X39	-	OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130	3 1 2 3 3 3 3 3 3 3 3 3 3	OR	+260=		
				TO ADDIT. F	TAL TAL	OR	TOTAL ADDIT. FEE		
	umn 1)	(Column 2)	(Column 3)		2 · .				
REN A AMEN	IAINING FTER NOMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI			RATE	ADDI- TIONAL FEE	
Total Independent	7. Minus	يو	= A	X\$ 9	V	OR	X\$18=		
Independent -	Minus DEC	-3	= ()	-X39=		OR	X78=,		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130		OR	+260=		
DISINE				ADDIT. F		OR	TOTAL ADDIT. FEE		
Columbia					. nees				
REM	AIMS AINING TER IDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT PEXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total •	Q Minus	-20	= /	X\$ 9=		OR	X\$18=		
Independent.	Minus	 3	= /	X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+260=		
*. If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."						OR OR	TOTAL DDIT, FEE		
The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.									

FORM PTO-875

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